

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE TENNESSEE STATE BOARD OF ACCOUNTANCY

500 JAMES ROBERTSON PARKWAY DAVY CROCKETT TOWER, 2nd FLOOR NASHVILLE, TENNESSEE 37243 (615) 741-2550 or 1-888-453-6150 FAX: (615) 532-8800 www.state.tn.us/commerce/boards/tnsba

TSBA PEER REVIEW PROGRAM

INFORMATION REQUIRED FOR SCHEDULING TSBA REVIEWS

TN Firm Permit Number DATE DUE FOR REVIEW (date by which review must be completed) August 31, 2006 YOUR REVIEW WILL BE PERFORMED UNDER THE STANDARDS APPLICABLE TO THE TENNESSEE STANDARD OF ACCOUNTANCY Please provide the following information concerning your upcoming review. When making inquiries about yreview, please refer to the TN Firm Permit number issued to you by the State Board of Accountancy.	
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	your
1. Mailing Address (If different from above)	
Please indicate the reason for the different address: ☐ Change of office address ☐ Other (specify)	
2. Managing owner: Mr. Ms. Ms. Improve the state of the s	
Telephone Number (
Telephone Number (

Form # IN-1512 200-1

5.	Total number of offices in Tennessee	ШЦ				
6.	Total number of professional staff in the firm, in professionals are CPAs and other individuals ex	_				
	□ A One □ C 6 to 10 □ E 20 □ B 2 to 5 □ D 1 to 19 □ F 50		G 100 or more			
7.	During the last <u>calendar year</u> did the practice unit perfo	orm any of the	following engagements:			
	Compilations with disclosures?	Yes \square	No 🗖			
	Compilations that omit substantially all disclosure?	Yes \square	No 🗖			
	Reviews?	Yes \square	No 🔲			
	Audits?	Yes \square	No			
your practice unit accepts an audit, review, or compilation so that a determination can be made as to whether your practice unit will be subject to a review? Yes No Somplete the following information concerning your practice unit's review:						
	a. Estimated commencement date//					
	b. Information on the reviewer: Log onto http://www.state.tn.us/commerce/boards/tnsba/pdf/peerReview/PeerReviewList.pdf to view an updated list of the approved reviewers.					
	 Name: Address: Telephone and Fax Number: Certificate Number and State: 					
9.	Please check <u>all</u> the appropriate boxes for the areas in v	which the prac	etice has engagements.			
	 1. Reviews and Compilations 2. Prospective Financial Information 3. Personal Financial Statements 4. Audits of Employee Benefit Plans 5. Other Audits 					

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outside your Practice Unit			*6.	Audits Under Government Auditing Standards ("yellow book")
*9. Audits of Rural Utility Services Borrowers *10. Attest Services (Excludes Prospective Financial Information) *11. Agreed-Upon Procedures under SAS No. 93 * A review performed by the TSBA Peer Review standards is not approved for Yellow Book standards or financial institutions. Should your firm contract to perform any of these audits, your review must be performed under the AICPA Peer Review Program. 10. Does your Practice Unit perform any accounting or auditing engagements through a joint venture, partnership, or corporate arrangement with another accounting firm? Yes No If yes, briefly describe those engagements and the relationships with the parties outside your Practice Unit. 11. Do the owners of the firm and the Practice Unit itself have licenses to practice public accounting in this state? Yes No. If no, please explain 12. Are there any limitations or restrictions on your firm's or its personnel's current ability to practice public accounting that were imposed by any regulatory, monitoring or enforcement body? Yes No If yes, please explain 13. I agree that I and the other owners and employees of the firm, if any, who have responded to the questions on this form and who will respond to inquiries made by the reviewer have done so and will			*7.	Audits of Federal Financial Assistance Programs
*10. Attest Services (Excludes Prospective Financial Information) *11. Agreed-Upon Procedures under SAS No. 93 * A review performed by the TSBA Peer Review standards is not approved for Yellow Book standards or financial institutions. Should your firm contract to perform any of these audits, your review must be performed under the AICPA Peer Review Program. 10. Does your Practice Unit perform any accounting or auditing engagements through a joint venture, partnership, or corporate arrangement with another accounting firm? Yes \sum No \sum If yes, briefly describe those engagements and the relationships with the parties outside your Practice Unit			*8.	Audits of Financial Institutions
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continue to do so candidly without knowingly misrepresenting the facts or failing to disclose material facts or information.	questi contir	ions on the terminal of the te	on this fo o do so	orm and who will respond to inquiries made by the reviewer have done so and will candidly without knowingly misrepresenting the facts or failing to disclose
Signature: Date:	Signa	ture:		Date:

This form must be returned within 30 days

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